FEC MAIL CENTER 2015 OCT 19 AM 8: 54

Committee Name:		
NWGA Votes GOP		,
If registered, FEC ID:		
Today's Date:		
Oct. 06, 2015		

Federal Election Commission 999 E Street, N.W. Washington, D.C. 20463

Re: Form 1, Statement of Organization—Unlimited Contributions

To Whom It May Concern:

This committee intends to make independent expenditures, and consistent with the U.S. Court of Appeals for the District of Columbia Circuit decision in SpeechNow v. FEC, it therefore intends to raise funds in unlimited amounts. This committee will not use those funds to make contributions, whether direct, in-kind, or via coordinated communications, to federal candidates or committees.

Respectfully submitted,

MARCUS A. POUNCEY

. Treasurer

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2015 - 10 - 19 - 03 - 00028403

FEC FORM 1

STATEMENT OF **ORGANIZATION**

2015 OCT 19 AM 8: 54

				Office Use Only		
NAME OF COMMITTEE (in full)		(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5		
NWGA Voites	G0	Pi				
				<u> </u>		
ADDRESS (number and street)	10	O SMITH	STREET NE			
(Check if address is changed)	. L					
	RIO	ME I I I I I CITY ▲		G A 3 0 1 6 1 -		
COMMITTEE'S E-MAIL ADDRE	ESS					
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had is criariged)		nal Second E-Mail Ad	- 1			
	L					
				:		
	COMMITTEE'S WEB PAGE ADDRESS (URL)					
(Check if address is changed)	hit	1+1p1:1/1/10/10	Wortlegiorpi-lorvi	9-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1		
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2. DATE / 0	9 '	2015				
3. FEC IDENTIFICATION N	IUMBER	► C				
4. IS THIS STATEMENT	NE	EW (N) OR	AMENDED (A)			
I certify that I have examined	this State	ement and to the best	of my knowledge and belief it	is true, correct and complete.		
Type or Print Name of Treasur	er M	IAPCUS A. P	POUNCEY			
	1/		1			
Signature of Treasurer	Ma	ian a. y.	muly)	Date 10 09 2015		
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.						
Office Use Only			For further information oc Federal Election Commissio Toll Free 800-424-9530 Local 202-694-1100			

F	EC For	m 1 (Revised 02/2009)	Page 2	
TYPE	OF C	DMMITTEE		
Can	didate	Committee:		
(a)		This committee is a principal campaign committee. (Complete the candidate information below.)		
(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Compinformation below.)	lete the candidate	
Name Candi			<u> </u>	
Candi Party	idate Affiliatio	Office Sought: House Senate President	State	
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	District	
Name Candi				
Part	y Con	nmittee: (National, State	Democratic,	
(d)		,	Republican, etc.) Party	
Poli	tical A	ction Committee (PAC):		
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization on line 6.)	nected organization is:	
` ,	(Inches)	Corporation Corporation w/o Capital Stock	Labor Organization	
			_	
		Membership Organization Trade Association	Cooperative	
		In addition, this committee is a Lobbyist/Registrant PAC.		
(f)	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or processing committee. (i.e., nonconnected committee)			
		In addition, this committee is a Lobbyist/Registrant PAC.		
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)		
		in addition, this committee is a Leadership PAC. (Identity sponsor on the c.)		
Join	t Fung	raising Representative:		
(g)	V	This committee collects contributions, pays fundraising expenses and disburses net proceeds for tw committees/organizations, at least one of which is an authorized committee of a federal candidate.	o or more political	
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	o or more political	
	Com	nmittees Participating in Joint Fundraiser		
	1.	FEC ID number C		
	2.	FEC ID number C		
	3.	FEC ID number		
	4			

FEC Form 1 (Revised Write or Type Committee Nar		Page 3
NONE	•	
	Organization, Affiliated Committee, Joint Fundraising Representative, or Lead	dership PAC Sponsor
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Connect	ed Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
Custodian of Records: Id books and records.	entify by name, address (phone number optional) and position of the person in	possession of committee
Full Name		
Mailing Address		
Title or Position	CITY STATE	ZIP CODE
TREASURE	Telephone number	
8. Treasurer: List the name a any designated agent (e.g.	and address (phone number optional) of the treasurer of the committee; and the , assistant treasurer).	e name and address of
Full Name of Treasurer M ₁ A ₁ A	CUS A POUMGEY	
Mailing Address	1,0,0, SM,TH STREET NE	لتتتتين
Tille on Docition	CITY STATE	2,1,6,1]- ZIP CODE
Title or Position $T_1 R_1 E_1 R_1 S_1 O_1 R_1 E_1 R_2$	Telephone number $[4,0,4]$ -	17211-140173

••

CITY

STATE

ZIP CODE

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FEC Form 1 (Revised 02/2009)

Full Name of



RECEIVED FEC MAIL CENTER

2015 OCT 19 AM 8: 54

FEDERAL ELECTIONS COMMISSION WASHINGTON, DC 20463 999 ESTREET, NW

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POME, GA, 30161

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS The FEC added this page to the end of this filing to indicate how it was received. Date of Receipt Hand Delivered Postmarked Date of Receipt ÚSPS First Class Mail Postmarked (R/C) **USPS** Registered/Certified Postmarked **USPS Priority Mail** Postmarked **USPS Priority Mail Express** Postmark Illegible No Postmark **Shipping Date** Overnight Delivery Service (Specify): **Next Business Day Delivery** Date of Receipt Received from House Records & Registration Office Date of Receipt Received from Senate Public Records Office Date of Receipt Received from Electronic Filing Office Date of Receipt or Postmarked

Other (Specify): DATE PREPARED (3/2015)